## 

FE7AN014

FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

711 Office Use Only AH 11: 58

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typ over the lines.	ing, type	12FE4MSEC	TAL CENTER
VETERANS FOR CON	IGRESS	<u> </u>			
<u>.</u>		<u> </u>			,
ADDRESS (number and street)  Check if different than previously reported. (ACC)	SUITE 310 ROCKWALL	STATE 30		TX 7508	5408 5408
2. FEC IDENTIFICATION NUI	MBER ▼ CIT	Y 🛦	. <b>S</b> ī	ΓΑΤΕ <b>♠</b>	ZIP CODE ▲
C 00563395	3. 18	S THIS REPORT	NEW (N) <b>OR</b>	AMENDEI (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report	20 (M2) 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	(Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1  July 15 Quarterly Report (Q2  October 15 Quarterly Report (Q2	(c) 12-Day PRE-Election Report for the:	20 (M4) Primary (12 Convention	Hard Hard	General (12G)  Special (12S)	Jan 31 (YE) Runoff (12R)
Quarterly Report (Q3  January 31  Year-End Report (YE  July 31 Mid-Year	Electic	on on			in the State of
Report (Non-election Year Only) (MY)  Termination Report (TER)	(d) 30-Day  POST-Election  Report for the:  Election	General (30	, <u> </u>	Runoff (30R)	in the State of
5. Covering Period 04	/ 01° / 2014	through	06	· [30"] / [20	14
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of MELISSA ANN A		belief it is true	, correct and compl	lete.
Signature of Treasurer $\sqrt{\underline{\underline{\underline{N}}}}$	Pelisse Am	arter	LUS Da	te <i>O /</i> / C	2015
NOTE: Submission of false, errone	ous, or incomplete informatio	n may subject the pe	erson signing this		4
Use				FE	C FORM 3X Rev. 12/2004